

STATEMENT OF ECONOMIC INTERESTS

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A PUBLIC DOCUMENT

AME OF FILER (LAST)	(FIRST)		(MIDDLE)
Atkins	Joshua	A	2019 APK - A SE - A A
1. Office, Agency, or Court			Par Ch
Agency Name (Do not use acronym	s)	- 11	
Department of Conservation	1		
Division, Board, Department, District,	if applicable	Your Position	
DOGGR		Engineering Geologist	
► If filing for multiple positions, list b	pelow or on an attachment. (Do not use	e acronyms)	
Agency:		Position:	,
2. Jurisdiction of Office (Chec	ck at least one box)	-	
State ■ The state ■ The state ■ The state ■ The state ■ The state ■ The state ■ The state ■ The state ■ The state		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of	
City of		_ Other	
Oity or		Other	
3. Type of Statement (Check a	t least one box)		
Annual: The period covered is January 1, 2018, through December 31, 2018. Leaving Office: Date Left/			
The period covered is December 31, 2018.	10 , 24 , 2018 through	 The period covered is Janu -or- leaving office. 	ary 1, 2018, through the date of
Assuming Office: Date assume	ed	The period covered is the date of leaving office.	
Candidate: Date of Election	and office sought,	if different than Part 1:	····
I. Schedule Summary (must Schedules attached ☐ Schedule A-1 - Investments ☐ Schedule A-2 - Investments ☐ Schedule B - Real Property -Or- ☒ None - No reportable	- schedule attached - schedule attached - schedule attached	of pages including this cover p Schedule C - Income, Loans, & Busine Schedule D - Income - Gifts - schedul Schedule E - Income - Gifts - Travel I	ss <i>Positions</i> – schedule attached e attached
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended -	CITY CITY	STATE	ZIP CODE
801 K Street	Sacrament	to CA	95814
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(916) 322-9206		joshua.atkins@conservation.ca	a.gov
	n preparing this statement. I have review s is true and complete. I acknowledge	wed this statement and to the best of my this is a public document.	knowledge the information contained
I certify under penalty of perjury u	inder the laws of the State of Californ	nia that the foregoing is true and corre	cjt.
Date Signed	9s	ignature	
(month, day	ı, year)	(File the originally signed paper's	tatement with your filing official.)